



Advising the Congress on Medicare issues

Performance measures and Part D plans

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Key findings

- Part D needs performance measures to evaluate how well plans meet cost, access, quality and customer service goals
- Panelists did not believe any currently available measures were adequate to measure access or clinical quality
- Better communication between plans, physicians, and pharmacists has the potential to increase beneficiary access and lower administrative costs

CMS Plan Finder provides information on plan performance for beneficiaries

- Ratings from 1 to 5 stars on composite measures of drug prices, ease of using drug benefit, and customer service
- Panelists liked format but believed some measures needed to be modified to better evaluate performance goals
- Website also lists plan premiums, covered drugs, network pharmacies, and costs for “typical” beneficiaries

Use of performance measures

- Panelists stressed need for 2 kinds of performance measures
 - Limited number of easy-to-understand measures to help beneficiaries choose plans
 - Broader set of measures to help policymakers monitor plan performance
- Measures should be able to differentiate among plans
- Plans should be able to understand how measures are calculated

Measures of cost and pricing

- Beneficiaries are most likely to choose plans based on cost
- Premiums are straightforward
- Typical out-of-pocket spending for beneficiaries with specific conditions is more difficult to measure

Measuring generic utilization

- Generic utilization is an important measure of value
- High generic use can increase value to the program but may lead to unanticipated inequities
- Plans may need to charge higher copayments for branded drugs

Measuring access to needed medication

- Panelists disagreed on how to define and measure access to needed medication
- They wanted to measure whether beneficiaries received needed drugs in a timely manner
- No one had a clear idea on how to do this

Some plans do not transmit needed information to pharmacies

- Physicians are generally willing to use generic drugs and will prescribe formulary drugs in many therapeutic classes
- In some cases, they were unable to find out what the formulary drug was until they tried several alternatives
- Focus groups in each of the areas we visited reported that a few plans seemed to account for many of the problems described

Measuring quality pharmaceutical care

- Quality measurement is difficult because there are no guidelines to evaluate drug regimens for the elderly with multiple comorbidities
- Panelists favored quality measures that focused on patient adherence to drug regimens

Measuring customer service

- CMS uses the CAHPS survey to assess overall beneficiary satisfaction with drug plans
- Currently all national plans have the same overall satisfaction rating
- CMS also provides ratings of plan call centers and plan disenrollment rates
- A survey of physicians and pharmacists about plan service would be useful